



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

Filing Period: June 1 - June 30

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2019

**1. Corporate ID No.** 000541732

**2. Name of Corporation** Rhode Island Lady Cyclones

**3. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

6

731426

**4. Corporate Address in Rhode Island**

No. and Street: 37 SASSAFRAS TRAIL

City or Town: NARRAGANSETT

State: RI

Zip: 02882

Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:

City or Town: State: Zip: Country:

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

NON-PROFIT AAU YOUTH BASKETBALL ORGANIZATION

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**

| <b>Title</b>   | <b>Individual Name</b><br>First, Middle, Last, Suffix | <b>Address</b><br>Address, City or Town, State, Zip Code, Country |
|----------------|-------------------------------------------------------|-------------------------------------------------------------------|
| PRESIDENT      | JOHN M SILVA                                          | 37 SASSAFRAS TRAIL<br>NARRAGANSETT, RI 02882 USA                  |
| TREASURER      | JOHN M SILVA                                          | 37 SASSAFRAS TRAIL<br>NARRAGANSETT, RI 02882 USA                  |
| SECRETARY      | MICHAEL SALOMONE                                      | 16 CREST AVENUE<br>NARRAGANSETT, RI 02882 USA                     |
| VICE PRESIDENT | ROBERT CANETTI                                        | 115 PETTAQUAMSCUTT LAKE ROAD<br>SAUNDERSTOWN, RI 02874 USA        |
| DIRECTOR       | MICHAEL SALOMONE                                      | 16 CREST AVENUE<br>NARRAGANSETT, RI 02882 USA                     |
| DIRECTOR       | JOHN SILVA                                            | 37 SASSAFRAS TRAIL<br>NARRAGANSETT, RI 02882 USA                  |
| DIRECTOR       | ROBERT CANETTI                                        | 115 PETTAQUAMSCUTT LAKE ROAD<br>SAUNDERSTOWN, RI 02874 USA        |

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER**  
**Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

JOHN M. SILVA 37 SASSAFRAS TRAIL NARRAGANSETT , RI 02882

**9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 8 Day of June, 2019 at 10:09:25 AM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.**

By JOHN SILVA  
Signature of Authorized Person

Form No. 631  
Revised 09/07